



**Massachusetts Department of Environmental Protection
Bureau of Water Resources – Drinking Water Program – Water Management Act**

Annual Report Form for Cranberry Growers – Year 2016

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



Note: Failure to file your Annual Report may jeopardize your registration statement.

Instructions

This Annual Report Form is for reporting water withdrawals under the Water Management Act (M.G.L. c. 21G). This Annual Report Form is for registered and/or permitted cranberry growers. Completion of this form is a requirement of Massachusetts law.

1. Complete this form and return by **February 28, 2017** to:

**MassDEP
Water Management Act Program
One Winter Street, 5th Floor
Boston, MA 02108**

3. If you have withdrawals from more than one river basin, please complete a separate Annual Report Form for each basin.
4. Purchase of previously registered or permitted bogs requires the filing of a Request for Transfer Form (BRP WM 01) with DEP's Lakeville Office. Please complete this form if applicable. This form can be downloaded at <http://www.mass.gov/eea/agencies/massdep/water/watersheds/water-management-act-program.html>.
5. The construction, purchase, or transfer of more than 4.66 acres of unregistered or unpermitted bog may require a Water Management Act permit or NCRS certification. Please contact Water Management Program staff in Lakeville at 508-946-2805 if there are any questions.

This Annual Report Form can be downloaded at <http://www.mass.gov/eea/agencies/massdep/water/approvals/water-management-act-forms.html>.

A. General Information

- ☐ **Check if mailing address has changed and show new address in Section D, Certification.**

1. Facility information:

Company Name		Address
Town/City & State	Zip Code	email address (optional)
Registration Number (if applicable)		Permit Number (if applicable)
River Basin		Phone No.

2. Responsible Party Information (if different from above):

Name	Phone Number	
Mailing Address	Town/City & State	Zip Code
email address (optional)		

NOTE: ANSWERS TO QUESTIONS 3, 4 AND 5 ARE REQUIRED.

3. How many acres of bog did you have planted in 2016?
(For #3, do not include bog acres permanently abandoned)
4. How many new bog acres did you build in 2016 (please attach a map and/or Exhibit A to identify new acreage locations)?
5. Have you installed withdrawal points or purchased or sold acreage this year? If no, proceed to Section D, Certification.

Acres planted & cultivated in 2016

Acres of New Bog Built in 2016

☐ Yes ☐ No OVER →



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Make additional copies of this section if you have more than two withdrawal points.

B. Water Source Information

Complete this section if you installed a new water supply point(s) or added acreage in 2016. New withdrawal points may require a WMA permit. Call 508-946-2805 with permitting questions. Please provide a sketch or plan such as an 8.5"x11" copy of a USGS map or Exhibit A, showing the location of the withdrawal point(s) involved and the town/city. The plan can show multiple points.

Withdrawal point one:

☐ Ground water ☐ Surface water

Name of withdrawal point

Name of bog

Acres planted

River Basin

Street

Town

Withdrawal point two:

☐ Ground water ☐ Surface water

Name of withdrawal point

Name of bog

Acres planted

River Basin

Street

Town

C. Cranberry Bog Transfer Information

1. Complete this section if you have transferred, sold, purchased or otherwise acquired cranberry bog acreage this year.

Acreage Transferred/Sold

To Whom

Acreage Purchased/Acquired

From Whom

2. Was this acreage registered or permitted? ☐ Yes ☐ No

If the acreage is not registered or permitted, please provide a sketch or plan such as an 8.5"x11" copy of a USGS map or Exhibit A, showing the location of the bog(s) involved and the town/city.

3. Have you completed and forwarded to DEP Lakeville a BRP WM 01 Form for the Transfer of Rights to Withdraw Water? ☐ Yes ☐ No

D. Certification

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate and complete."

Print Name of Certifying Person

Signature of Certifying Person

Title

Date

Mailing Address + Town/City

State

Zip Code

Phone Number

These are legal documents. The Department recommends that you keep copies for your records. Do not mail these forms with your compliance fee, as the fee is delivered to a different location.